

Refund claim for calendar year _____, or other tax year beginning _____, 19 ____ and ending _____, 19 ____

Print or Type Decedent Information	1 Name of decedent - <i>last, first, middle initial</i>	2 Date of death	3 Social security number of decedent
	4 Number and street - <i>permanent residence or domicile on the date of death</i>		5 City or town, state, and ZIP code
Information to be Provided by Claimant	6 Name of person claiming refund - <i>last, first, middle initial</i>	7 Relationship to decedent	8 Claimant's social security number
	9 Number and street of person claiming refund		10 City or town, state, and ZIP code

11 I am filing this statement as (*check only one box*):

- a. ☐ Surviving spouse claiming a refund based on a joint return.
b. ☐ Decedent's personal representative. *Attach a court certificate showing your appointment.*
c. ☐ Person, other than (a) or (b), claiming refund for the decedent's estate. *Complete Schedule A and attach a copy of the death certificate or proof of death.*

Please attach requested information and sign below. If you checked Box (c), also complete Schedule A.

For DOR use only

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SCHEDULE A (to be completed only if you checked Box (c) above.)

Yes	No
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- 12** Did the decedent leave a will?
a. Has a personal representative been appointed for the estate of the decedent?
b. If "No," will one be appointed?
If 12(a) or (b) is answered "Yes," do not file this form. The personal representative should file for the refund.

- 13** As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?
If "No," a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled, under state law, to receive the refund.

Signature of Claimant	I request a refund of taxes overpaid by, or on behalf of, the decedent. I, the undersigned claimant, certify under all penalties, fines and forfeitures imposed by law for the making of false or fraudulent claims against the State of Arizona or the making of false statements in connection therewith, that the statements made herein have been examined by me and that such statements are true to the best of my knowledge and belief.
	Signature of person claiming refund _____ Date _____

Notary Public	Note: If the claimant is someone other than the surviving spouse filing a joint return with the decedent, the claimant's signature must be notarized.
	Subscribed to and sworn before me this _____ day of _____
	My commission expires _____ (Notary Public)

Instructions	Attach this form to the front of the income tax return that would have been filed if the decedent had lived.
	If the refund is issued in the name of the decedent it may be cashed with the endorsement of the Executor or Administrator of the estate.
	Attach any required documents, certificates, etc., to this form.
	For military personnel, the original, or an authentic copy, of a telegram or letter from the Department of Defense notifying the next of kin of the decedent's death while in active service, or a death certificate issued by the Department of Defense will be sufficient proof of death.
	As the surviving spouse or personal representative, you may be required to file a fiduciary return (Form 141) or an estate tax return (Form 74 or 76) for the decedent's estate. For further information concerning these forms call 255-3381.